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| Case Number: | CM15-0052263 | | |
| Date Assigned: | 03/25/2015 | Date of Injury: | 03/15/2014 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 45 year old male injured worker suffered an industrial injury on 03/15/2014. The diagnoses included neuritis of the distal branch of the deep peroneal nerve and foot contusion. The diagnostics included x-rays of the right foot. The injured worker had been treated with cortisone injections and medications. On 2/13/2015, the treating provider reported right first intermetatarsal space pain with decreased sensation and paresthesia. The treatment plan included Ketamine 10%, Gabapentin 2%, Baclofen 2%, Cyclobenzaprine 2%, and Bupivacaine 1%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ketamine 10%, Gabapentine 2%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1% (30 day suppy with 2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics AND Ketamine Page(s): 56, 111-113.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines states that topical analgesics in general are experimental, and even less clinical data is available regarding compounded or combination topical analgesics. The MTUS Guidelines state that gabapentin in topical form, specifically is not recommended due to its lack of supportive data. It also states that due to lack of supportive studies, muscle relaxants (such as baclofen and others) are also not recommended. The MTUS Chronic Pain Guidelines also state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the case of this worker, Ketamine 10%/Gabapentin 2%/Baclofen 2%/Cyclobenzaprine 2%/Bupivacaine was recommended. However, this combination/ compounded medication contains non-recommended ingredients, which would make it a non-recommended combination topical analgesic. Therefore, the request for Ketamine 10%/ Gabapentin 2%/ Baclofen 2%/Cyclobenzaprine 2%/Bupivacaine, with refills, is not medically necessary.